

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.					COURT USE ONLY DUE DATE:						
1a. CONTACT PERSON FOR THIS ORDER Mark Shuttlesworth				2a. CONTACT PHONE NUMBER (310) 625-1757			3. CONTACT EMAIL ADDRESS mshuttlesworth@cov.com								
1b. ATTORNEY NAME (if different) Ashley Simonsen				2b. ATTORNEY PHONE NUMBER (424) 332-4782			3. ATTORNEY EMAIL ADDRESS asimonsen@cov.com								
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Covington & Burling, LLP 1999 Avenue of the Stars, Suite 3500 Los Angeles, CA 90067				5. CASE NAME In re Social Media Adolescent Addiction					6. CASE NUMBER 4:22-md-03047						
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Ana Dub				8. THIS TRANSCRIPT ORDER IS FOR: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL </div> <div> <input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL </div> <div> <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form CJA24.</u> </div> </div>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
12/01/2025	PHK	Discovery		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Please email invoice and transcript to Mark Shuttlesworth at mshuttlesworth@cov.com.															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE /s/ Ashley Simonsen											12. DATE 12/02/2025				

Clear Form

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